

## HEALTH IMPROVEMENT PARTNERSHIP BOARD

**OUTCOMES** of the meeting held on Thursday 23rd February commencing at 2.00 pm and finishing at 4.00 pm.

**Present:**

**Board Members:** Councillor Anna Badcock (Chairman), South Oxfordshire District Council  
Councillor Mark Lygo (substituting for Councillor Ed Turner, (Vice-Chairman), Oxford City Council)  
Diana Shelton, Head of Leisure and Community Services (substituting for Councillor Jeanette Baker, West Oxfordshire District Council)  
Cllr Monica Lovatt, Vale of White Horse District Council  
Ian Davies, Cherwell District Council  
Jackie Wilderspin, Public Health Specialist  
Dr Jonathan McWilliam, Director of Public Health  
Laura Epton, Healthwatch Ambassador  
Dr Paul Park, Oxfordshire Clinical Commissioning Group

**Officers:**

Whole of meeting: Val Johnson, Oxford City Council  
Katie Read, Oxfordshire County Council

Part of meeting:

Agenda item 6 Jon Dearing, West Oxfordshire District Council  
Eunan O'Neill, Oxfordshire County Council

Agenda item 8 Chris Freeman, Oxfordshire Sport and Physical Activity

Agenda item 9 Sal Culmer, Oxfordshire County Council  
Kate Austin, Oxfordshire County Council  
Richard Neal, Oxfordshire Sport and Physical Activity

*These notes indicate the outcomes of this meeting and those responsible for taking the agreed action. For background documentation please refer to the agenda and supporting papers available on the Council's web site ([www.oxfordshire.gov.uk](http://www.oxfordshire.gov.uk).)*

*If you have a query please contact Katie Read (Tel 07584 909530; Email: [katie.read@oxfordshire.gov.uk](mailto:katie.read@oxfordshire.gov.uk))*

| ITEM  | ACTION                   |
|---|--------------------------|
| <p><b>1. Welcome</b><br/>The Chairman, Councillor Anna Badcock, welcomed all to the meeting.</p> <p>As Ian Davies was stepping down from the Health Improvement Board, the Chairman and other members of the Board sincerely thanked him for his valuable contribution to the meetings and wished him well for the future.</p>  |                          |
| <p><b>2. Apologies for Absence and Temporary Appointments</b><br/>Apologies were received from: Emma Henrion, Cllr John Donaldson and Cllr Hilary Hibbert-Biles.</p> <p>Cllr Mark Lygo substituted for Cllr Ed Turner and Diana Shelton substituted for Cllr Jeanette Baker.</p>  |                          |
| <p><b>3. Declaration of Interest</b><br/>No declarations were received.</p>   |                          |
| <p><b>4. Petitions and Public Address</b><br/>No petitions or public addresses were received.</p>   |                          |
| <p><b>5. Minutes of Last Meeting</b><br/>The minutes of the October meeting were approved.</p> <p>As a matter arising under Housing Related Support, the following statement was read in response to questions from the Deputy Chairman regarding changes in the funding for floating support:</p> <p>‘In February 2016 the County Council agreed to reduce the amount spent on Housing Related Support from £2.3m to £1.5m. From April 2017 the remaining £800k budget will be spent on floating support and domestic abuse services. These services continue to be overseen by the Housing Support Advisor Group.</p> <p>The Community Floating Support contract has recently been extended for its fifth and final year with a reduced value of £600k and a reduce caseload capacity. We [the County Council] have worked closely with the service provider to mitigate the impact of this change on the support available for households at risk of homelessness.</p> <p>The current contract will come to an end in February 2018 and in the coming months we will be developing commissioning intentions for future community based support for vulnerable adults in partnership with district and city councils through the Housing Support Advisory Group.’</p> <p>The Board queried the impact of these changes on the strategy for Domestic Abuse. <b>Clarification on this point will be sought.</b></p> | <p><b>Katie Read</b></p> |
| <p><b>6. Performance report</b></p>   |                          |

Jonathan McWilliam invited questions from the Board on Quarter 2 performance. The Board decided to focus on the performance report cards.

A request was made for the performance report to clearly mark the RAG ratings with lettering, as it was difficult to identify these in black and white.

The Board received the following report cards:

#### Rough Sleeping

Jon Dearing, Chairman of the Housing Support Advisory Group (HSAG), reported that an increasing trend in rough sleeping over the last few years has largely been the result of welfare reform, i.e. a reduced benefit cap and changes to local housing allowance rates.

The 'green' RAG rating for the rough sleeping indicator and fall in the number of rough sleepers in 2016-17 demonstrates how local housing authorities are committed to reducing homelessness and rough sleeping.

It was reported that the recent success of the City-led Trailblazer bid will give local authorities the capability to collect and use data to prevent homelessness and put resources in place to intervene much sooner for those at risk of homelessness.

Board members commented that although the snapshot figure is lower than the previous year and the indicator is 'green', the public would not perceive 79 people sleeping rough as a good outcome. More emphasis could have been placed on showing how local housing authorities are making this area of work a strategic priority.

The Board discussed external factors affecting rough sleeping numbers. The full impact of new prevention duties under the Homelessness Reduction Bill is not yet known, but this is expected to be resource intensive. Implementation could start as early as October 2017. Other external factors were seen as the draw of Oxford City and the impact of further changes to the welfare system.

**The Board asked that HSAG consider whether the target needs to be revised in light of these factors.**

**Jon Dearing**

#### NHS Health checks

Eunan O'Neill reported on the NHS Health checks programme.

It was reported that whilst more than 140,000 people have already been invited for a health check, increasing their uptake of the offer has been a challenge. An upturn in performance is anticipated later in the year as GPs follow up invitations in quarter 4.

A quality assurance process is used to review how the programme is implemented and an equity audit is planned for May to ensure there is equitable access to the programme.

|  |   |
|--|---|
| <p>Members queried how many people with undiagnosed health conditions are helped via the programme, as it was thought that only people who are already concerned about their health would take up the offer. It was reported that Oxfordshire exceeds the target in this area. <b>Data on health conditions diagnosed through Health checks will be circulated to Board members and included in future report cards.</b></p> <p>The Board discussed the appropriateness of the Health check performance measures and whether uptake should be based on numbers of people, rather than the percentage of those invited. There were concerns that a focus on numbers rather than percentages would not account for population growth.</p> <p><b>The Board agreed that performance reporting for NHS Health checks should include both the number of people taking up the offer and the percentage of those invited.</b></p> <p>Board members suggested greater use of existing partnerships and networks to promote Health checks, as well as using evidence of good outcomes from Health checks to encourage uptake.</p> <p><b>A report on promotional/marketing plans and activity will be brought to a future meeting.</b></p> <p>Members discussed the tests that are covered as part of Health checks. The primary focus is on cardio-vascular assessment, rather than detecting stress, mental health issues or cancer. It was reported that these health conditions are more often detected through GPs' conversations with their patients.</p> | <p><b>Eunan O'Neill</b></p> <p><b>Eunan O'Neill</b></p> <p><b>Jackie Wilderspin</b></p> |
| <p><b>7. Healthwatch Ambassador's report</b></p> <p>Laura Epton presented a report which focused on the Board's response to the recommendations of the Health Inequalities Commission.</p> <p>It was recommended that greater emphasis is placed on how performance data is collated to ensure inequalities are more easily identifiable.</p> <p>Members discussed the barriers organisations face when accessing and sharing data that could help tackle health inequalities. It was thought that charities may be better placed to obtain data, particularly if the purpose for which data will be used is shared with the public in a transparent way.</p> <p>The Board discussed having a more outcome focused approach to the reports it receives in order to aid better scrutiny and help members understand why activities are planned and undertaken.</p> <p>Members discussed the difficulty proving improved outcomes, particularly in areas of entrenched deprivation where the results of interventions may not be seen for a long time and the impact may be more anecdotal. In these cases it is vital to ensure that resources are targeted and based on best practice.</p>   |   |

|  |                          |
|--|--------------------------|
| <p><b>A focus on outcomes and inequalities will be embedded in the reporting approach for the Board.</b></p> <p>The report was welcomed by the Board, as its recommendations aligned with the outcomes of the Board’s Health Inequalities workshop.</p>  | <p><b>Katie Read</b></p> |
| <p><b>8. Health Inequalities update</b></p> <p>Jackie Wilderspin updated the Board on progress following the Health Inequalities workshop in December.</p> <p>The Board was reminded of the outcomes of the workshop, namely:</p> <ul style="list-style-type: none"> <li>• Ensure that all the Board’s work programmes include an assessment of inequalities,</li> <li>• Submit a proposal to the Growth Board to establish an Innovation Fund, and</li> <li>• Consider health inequalities as part of the Board’s priority setting.</li> </ul> <p>Members agreed that having targeted data to support this is essential.</p> <p>The following work programmes overseen by the Board were considered areas which could be influenced through targeted work on health inequalities:</p> <ul style="list-style-type: none"> <li>- Healthy Weight Action Plan</li> <li>- Physical Activity</li> <li>- Affordable Warmth and fuel poverty</li> <li>- Homelessness and homelessness prevention</li> <li>- Immunisation and screening (Public Health protection)</li> </ul> <p>It was reported that the paper for the Growth Board will aim to help local authority leaders understand how they can influence these wider determinants of health and identify their respective responsibilities.</p> <p>In particular the Growth Board will be asked to endorse Oxfordshire’s bid for Sport England funding. An overview of the bid, which is being coordinated by Oxfordshire Sport and Physical Activity (OxSPA), was provided by Chris Freeman:</p> <p>The bid will identify how sport and physical activity can contribute to wider social outcomes. Its key aims will be to increase activity among people who are currently not active and to target under-represented groups.</p> <p>Members asked how OxSPA will work with local people to understand what they want. It was reported that the bid will build on the approach of Bicester Healthy New Town and OxSPA has already made links with the leaders of that programme. This fits with the placed based approach that Sport England have indicated they would like to see.</p> <p>The Board agreed that it was in a good position to oversee work to address health inequalities, in particular the progress with the Sport England bid.</p> |                          |

|   |   |
|---|---|
| <p><b>9. Oxfordshire Healthy Weight Action Plan</b><br/> Sal Culmer, Kate Austin presented an update on progress with the Healthy Weight Action Plan:</p> <p>The Public Health team is drawing on a number of national case studies demonstrating responses to the childhood obesity plan and using the recently published national obesity dataset measure inequalities locally.</p> <p>Work is ongoing with the districts and city to encourage ‘healthy vending’ and the PHE ‘One You’ materials are being utilised. Links are being made across the South East region to consider how to implement national Buying Standards.</p> <p>The Health and Planning learning event held in November identified a number of areas to focus on including how health is considered in local plans, how to influence developers and access funding for health priorities, the importance of partnership working and the use tools/resources to gather information on the health needs of an area.</p> <p>The Board suggested using an example of a contractor who has successfully delivered healthy vending to force the issue with other providers. Additionally, local authorities would benefit from having a template of what works well with vending providers so that a common approach can be adopted when councils re-let contracts.</p> <p><b>The use of a common approach to healthy vending in contracts for vending providers will be explored.</b></p> <p>Richard Neal presented OxSPA’s Physical Activity and Sport Plan for children and young people in Oxfordshire, outlining nine areas of focus that had emerged from consultation with key stakeholders. OxSPA is considering ways to measure the activity and outcomes under the plan and will be publishing the 2017-18 Plan in March.</p> <p><b>A copy of OxSPA’s plan and the high level summary will be circulated to members of the Board.</b></p> <p>Members expressed concern about the levels of obesity among young boys and the issue of body image among girls and boys. OxSPA was reported to be working with schools to ensure that sport is not the only opportunity offered to children to keep fit, for example, dance is also incorporated into OxSPA’s plan.</p> <p>Members were pleased to see the plan had a focus on families and encouraged OxSPA to link with the workplace action plan to ensure that both adults and their children are receiving the same messages about healthy weight.</p> <p>The Board discussed the difficulties influencing schools, particularly as many have academy status. With no block contract in place for catering, any work</p> | <p><b>Sal Culmer</b></p> <p><b>Richard Neal</b></p> |
|---|---|

|  |  |
|--|--|
| <p>done with schools on healthy eating would have to be undertaken on a contract by contract basis. Members highlighted the role of parents in influencing their child's school and the importance of using school governors to encourage a focus on physical activity in schools.</p> <p>A placed-based approach was recommended for making OxSPA's plan a success, drawing on the unique strengths, opportunities and resources in an area. With academy status introducing competition in local areas, it was suggested this could be used to encourage a focus on physical activity across schools.</p> <p><b>The Board will continue to receive regular updates on the implementation of OxSPA's plan and the wider Healthy Weight Action Plan.</b></p> | <p><b>Sal Culmer,<br/>Kate Austin<br/>and Richard Neal</b></p> |
| <p><b>10. Forward Plan</b><br/>From discussion at the meeting the following items will be added to the Board's forward plan:</p> <ul style="list-style-type: none"> <li>• Public Health/NHS marketing/promotion activity and plans</li> </ul>  |  |
| <p>The meeting closed at 4.00pm</p>  |  |

..... in the Chair

Date of signing